

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Wong		Arnold	K. H.	671-4344
MAILING ADDRESS (Street)				FAX
94-497 Ukee St. Waipahu 96797				671-6901
(City)		(State)	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
HI Ironworkers Stabilization Fund Local 625				671-4344
MAILING ADDRESS (Street)				FAX
Waipahu HI 96797				671-6901
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Ironworkers Stabilization Fund			671-4344
MAILING ADDRESS (Street)			FAX
Same as above			671-6901
(City)		(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Arnold Wong			671-4344
MAILING ADDRESS (Street)			FAX
Same as above			671-6901
(City)		(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

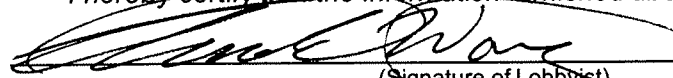
Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)1/12/07
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Franklin Hayashida

Assistant Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Ironworkers Stabilization Fund

671-4344

MAILING ADDRESS (Street)

FAX

94-497 Ukee St

671-6901

(City)

(State)

(Zip Code)

Waipahu HI 96797

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Franklin Hayashida

1/18/07

(Signature of Authorizing Officer or Person Represented)

(Date)